

HOUSE STAFF EVALUATION REPORT For use of this form, see AR 351-3; the proponent agency is OTSG.						DATE OF REPORT	
NAME (Last, First, Middle Initial)				GRADE		SSN	
SERVICE AS (Check one) INTERN: <input type="checkbox"/> ROTATING <input type="checkbox"/> STRAIGHT (Specify) _____ <input type="checkbox"/> RESIDENT <input type="checkbox"/> FELLOW						YEAR _____ SPECIALTY _____	
NAME OF HOSPITAL				PERIOD OF SERVICE COVERED BY REPORT			
				FROM (Day, month, year)		TO (Day, month, year)	
PART I - CLINICAL PERFORMANCE	SECTION A - GENERAL MEDICAL KNOWLEDGE						
	1. Is unable to discuss disease or pathologic processes with any confidence or accuracy.	2. Knowledge of disease is fair, but has many obvious gaps in fundamental facts.	3. Consistently demonstrates adequate knowledge of disease processes.	4. Has considerable knowledge of disease and pathologic processes, and is able to accurately discuss most areas of medicine.	5. Has extensive knowledge of medicine, is aware of controversial and unsolved areas and has intelligently considered various aspects of these prob.		
	N A	N A	N A	N A	N A		
	SECTION B - OBTAINING MEDICAL HISTORY						
	6. Medical histories are totally inadequate for a physician at this level of tng.	7. Medical histories demonstrate occasional inadequacies and/or inaccuracies.	8. Complete medical history obtained and recorded.	9. Complete and accurate medical history is neatly recorded.	10. Seeks information from all available sources. Records pertinent additions to a complete and accurate history.		
	N A	N A	N A	N A	N A		
	SECTION C - PERFORMING PHYSICAL EXAMINATION						
	11. Physical examinations are totally inadequate for this level of tng.	12. Physical examinations frequently demonstrate inadequacies & or inaccuracies.	13. A thorough physical examination is consistently recorded.	14. A complete & unusually skillful physical examination is performed and recorded.	15. Uses all pertinent ancillary techniques in addition to an accurate & skillful examination.		
	N A	N A	N A	N A	N A		
	SECTION D - DIAGNOSTIC ACUMEN						
16. Fails to use available data, poor judgement in the selection of diagnostic procedures.	17. Occasionally allows major gaps or excesses in diagnostic studies thru failure to adequately consider the patient's problem.	18. Synthesizes available data into an accurate differential diagnosis & is selective in choice of further studies.	19. Intelligently considers all available information & uses sound judgment in the selection & sequence of studies to arrive at an accurate diagnosis.	20. Consistently derives the correct diagnosis thru comprehensive knowledge & intelligent interpretation of carefully selected diagnostic procedures.			
N A	N A	N A	N A	N A			
SECTION E - PLANNING, IMPLEMENTING AND EVALUATING THERAPY							
21. Contributes little to initial patient evaluation & rarely suggests a modification of therapy, poor knowledge & ability in procedural techniques.	22. Rarely suggests more than routine care, & failure to follow a patient closely has allowed lapses in therapy.	23. Contributes to planning patient care & reevaluates patient frequently to initiate changes or implement therapy.	24. Initiates patient care in an orderly & appropriate manner. Closely observes patients course & astutely modifies care as indicated.	25. Unusually sound judgement & technical ability is reflected by his intelligent & aggressive management of all patients under his care.			
N A	N A	N A	N A	N A			
SECTION F - KEEPING MEDICAL RECORDS							
26. Infrequent & inaccurate notes on patient's progress.	27. Occasional voids in the medical record.	28. Maintains neat & accurate records at appropriate intervals.	29. Neat & accurate progress notes are uniformly concise and informative.	30. Clear & comprehensive records intelligently interpret all aspects of patient care.			
N A	N A	N A	N A	N A			
PART II - ASSUMING RESPONSIBILITIES	SECTION G - FULFILLING ADMINISTRATIVE OBLIGATIONS						
	31. Has little knowledge or interest in hospital and/or army policies & regulations.	32. Is frequently lax & inaccurate in completing & submitting administrative forms & documents.	33. Consistently demonstrates willingness & initiative in complying with hospital & army regulations.	34. Has an excellent grasp of administrative procedures. Initiates & completes forms accurately & timely.	35. His comprehensive knowledge & early completion of hospital & army forms expedites patient management & affords smooth administrative functioning of the ward.		
	N A	N A	N A	N A	N A		
	SECTION H - INTEREST IN CONTINUED MEDICAL EDUCATION						
	36. No evidence of outside reading. Frequently misses required rounds & conferences.	37. Little evidence of even text book knowledge of his patient's problems.	38. Reads standard literature pertinent to his patient's problems. Attends required rounds, conferences & autopsies.	39. Consistently contributes current knowledge relative to his patient's problems.	40. An omnivorous reader actively participates in rounds & conferences, supports his statements with accurate reference.		
	N A	N A	N A	N A	N A		
	SECTION I - ESTABLISHING EFFECTIVE PHYSICIAN-PATIENT RELATIONSHIP						
	41. Avoids personal contact with patients & is frequently tactless.	42. Is unskillful in eliciting or managing the personal & emotional problems of a patient.	43. Is aware of the personal & emotional problems of each patient.	44. Is skillful in eliciting & dealing with the emotional & personal needs of patients & their families.	45. Exerts a very positive influence upon the outlook of his patients & enjoys the confidence of their families.		
	N A	N A	N A	N A	N A		

PART III - PERSONAL QUALITIES	SECTION J - ATTITUDE AND APPEARANCE												
	46. Slovenly immature & often inappropriate in behavior.		47. Occasionally boisterous or sullen, has little insight of problems of co-workers.		48. Is aware of professional position & responsibilities, behavior & appearance are consistently appropriate.		49. Is unusually mature in his judgement & interpersonal relationships, is always courteous & well groomed.		50. His maturity, behavior integrity & grooming are consistent with the highest ideals of the profession.				
	N A		N A		N A		N A		N A				
	SECTION K - WORKING WITH OTHERS												
	51. A malcontent who is the source of many complaints by hospital personnel.		52. Has little understanding of co-workers problems. Makes excessive demands & is not thoughtful of ways to make work groups function without friction.		53. A thoughtful, considerate person who respects the rights & problems of all co-workers.		54. Unusually cognizant of personnel & personality problems, his insight is helpful in establishing & maintaining a harmonious milieu.		55. His perception & understanding of interpersonal relationships allows anticipation & correction of potential problem areas, thereby establishing an excellent working situation.				
	N A		N A		N A		N A		N A				
	SECTION L - LEADERSHIP AND RESPONSIBILITY												
	56. Totally passive, refuses to accept responsibility or initiative.		57. Assumes responsibility only when stimulated to do so.		58. Readily assumes responsibility & initiative, is respected by patients and co-workers.		59. Consistently demonstrates skill, initiative & capability as a physician. Enjoys responsibility in all spheres.		60. Aggressively assumes medical responsibilities, devotes time & energy selflessly to all duties. Is respected by his peers.				
	N A		N A		N A		N A		N A				
	SECTION M - SELF-EVALUATION AND THE USE OF CONSULTANTS												
61. Has no concept of his inadequacies, & has ignored counselling.		62. Limitations in both knowledge & experience have frequently led to misuse (too little or too great) of consultants.		63. Recognizes his limitations & assumes responsibilities proportionate to his knowledge. Uses consultations in an appropriate manner.		64. Excellent insight into his own limitations & uses the proper consultant to aid in patient management as well as to benefit personally.		65. Consistently demonstrates excellent judgment in his initiative, inquisitiveness, assumption of responsibility & the use of consultants.					
N A		N A		N A		N A		N A					
PART IV - OVERALL EVALUATION (Counselling With House Officer by Rater is Required)													
66. <input type="checkbox"/> UNSATISFACTORY		67. <input type="checkbox"/> MARGINAL		68. <input type="checkbox"/> BELOW AVERAGE		69. <input type="checkbox"/> EFFECTIVE & COMPETENT		70. <input type="checkbox"/> VERY FINE		71. <input type="checkbox"/> EXCEPTIONALLY FINE		72. <input type="checkbox"/> OUTSTANDING	
x		x x x x x		xx xxxxxx xxxxxxxx		x xxxx xxxxxx xxxxxxx xxxxxxxxxx xxxxxxxxxxxxxx xxxxxxxxxxxxxxxx		xx xxxx xxxxx xxxxxx		x x x x x		x	
Performance fails to meet standards of acceptance. Rehabilitation is doubtful.		Lacks motivation, interest & capability. Performance is limited. Cannot continue without substantial improvement.		May continue in program, but performance is below standards.		Satisfactorily meets the stated objectives.		A continuing level of high performance in most aspects of stated objectives.		Performs outstandingly in most aspects of his job. Initiative, leadership & personality are worthy of special notice.		Extremely rare. Excellence in everything. Performs far beyond his level of training.	
PART V - RECOMMENDATION FOR ADDITIONAL TRAINING													
73. HIGHLY RECOMMEND AND WOULD ACCEPT FOR ADDITIONAL TRAINING IN:				74. WOULD ACCEPT FOR ADDITIONAL TRAINING IN:				75. MIGHT BE EXPECTED TO DO WELL IN A TRAINING PROGRAM IN:		76. SHOULD NOT BE CONSIDERED FOR ADDITIONAL TRAINING IN:			
PART VI - NARRATIVE DESCRIPTION OF PERFORMANCE AND PERSONAL QUALITIES													
NAME OF SERVICE CHIEF						SIGNATURE				DATE			
NAME OF DIRECTOR OF MEDICAL EDUCATION						SIGNATURE				DATE			
APPROVED (Name of Hospital/Facility Commander)						SIGNATURE				DATE			